

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90042 040 ***550.00

0153743 FP

DOCUMENT # 456191

1. Entity Name
LA SORBETIERE, INC.



Principal Place of Business

**4227 NORTHWOOD RD
W PALM BCH FL 33407
US**

Mailing Address

**BP 8515
WEST PALM BEACH FL 33407
US**

Change To

**5600 N. Flagler Dr Apt 1108
West Palm Beach
Fla 33407**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1548091**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STRAUSS, RAY
1500 N.E. 162ND ST.
NORTH MIAMI BEACH FL 33480**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KANDEL, BERNARD**
STREET ADDRESS **5600 N FLAGLER DR 1108**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **SD** ☐ Delete
NAME **KANDEL, JACQUELINE**
STREET ADDRESS **5600 N FLAGLER DR 1108**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jacqueline Kandel** **JACQUELINE KANDEL** **7/11/03** **561 844 5767**

CR2E034 (4/03)